



OFFICIAL COMMUNICATION

5775 Morehouse Drive
San Diego, CA 92121
Fax: (858) 658-2502

RECEIVED
CENTRAL FAX CENTER

FEB 07 2006

Facsimile Transmittal

DATE: February 7, 2006

TO: Mail Stop Amendment
Commissioner for Patents

ATTN: Art Unit: 2645
Examiner: Ovidio Escalante

FAX NUMBER: (571) 273-8300

FROM: Kam T. Tam, Attorney for Applicant
Registration No. 35,756

Total Number of Pages Sent: 16 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 020106

ENCLOSED IS:

- Response to Notice of Non-Compliant Amendment (14 PAGES)
- Transmittal

APPLICANT: Hsu et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/051,774

FILED: January 16, 2002

FOR: METHOD AND APPARATUS FOR PROVISION OF BROADCAST SERVICE INFORMATION

Please contact Stacy Dumrauf at (858) 658-5212 if all pages do not transmit.

Special Instructions: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT**RECEIVED**
CENTRAL FAX CENTER

FEB 07 2006

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020106
In Re Application of: Hsu et al.
Serial Number: 10/051,774
Filed: January 16, 2002
Examiner: Ovidio Escalante
Group Art Unit: 2645

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

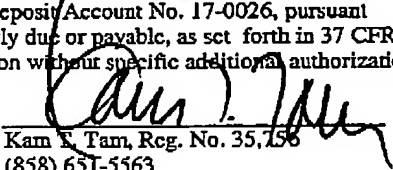
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	38	50	0	x \$50 =	\$0
Independent**	4	8	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
				<input checked="" type="checkbox"/> Four Months	\$1590
TERMINAL DISCLAIMER				\$130	\$0
				TOTAL FEE	\$1590

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1590.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 7, 2006

Signature: Kam T. Tam, Reg. No. 35,756
(858) 651-5563QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: February 7, 2006

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Stacy Dunrauf
(type or print name)Signature: 

(TRANSMITTED VER 1.13-04/30/04)

PAGE 2/16 * RCVD AT 2/7/2006 8:02:36 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-6/24 * DNIS:2738300 * CSID:+8586515400 * DURATION (mm:ss):03:48

02/09/2006 WABDELRI 00000017 170026 10051774
01 FC:1254 1590.00 DA